PATIENT SAFETY
March 2006

1: Am J Med. 2006 Mar;119(3):255-66.
Celecoxib versus naproxen and diclofenac in osteoarthritis patients: SUCCESS-I Study.
Singh G, Fort JG, Goldstein JL, Levy RA, Hanrahan PS, Bello AE, Andrade-Ortega L, Wallemark C, Agrawal NM, Eisen GM, Stenson WF, Triadafilopoulos G; SUCCESS-I Investigators.
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PURPOSE: To evaluate the efficacy and upper gastrointestinal (UGI) safety of celecoxib, compared with nonspecific nonsteroidal anti-inflammatory drugs (NSAIDs), among patients with osteoarthritis. METHODS: A total of 13274 osteoarthritis patients from 39 countries were randomly assigned to double-blind treatment with either celecoxib 100 mg twice daily (BID), celecoxib 200 mg BID, or nonselective NSAID therapy (diclofenac 50 mg BID or naproxen 500 mg BID) for 12 weeks. Standard validated measures were used to assess osteoarthritis efficacy. Serious UGI events were evaluated by 2 blinded, independent, gastrointestinal events committees. RESULTS: Results from all primary efficacy assessments showed that both dosages of celecoxib were as effective as NSAIDs in treating osteoarthritis. Significantly more ulcer complications occurred within the nonselective NSAID group (0.8/100 patient-years) compared with the celecoxib group (0.1/100 patient-years) (odds ratio = 7.02; 95% confidence interval [CI], 1.46 to 33.80; P =.008). There were fewer ulcer complications in the celecoxib group compared with the NSAID group, both in patients taking concomitant aspirin and those not taking aspirin, but the difference reached statistical significance only in the latter comparison. The number of cardiovascular thromboembolic events was low and not statistically different between the groups (eg, myocardial infarction rates: celecoxib 10 events [0.55/100 patient-years] vs NSAIDs 1 event [0.11/100 patient-years], (P =.11), but the study was not powered to detect such differences. CONCLUSIONS: In the treatment of osteoarthritis, celecoxib is as effective as the nonspecific NSAIDs naproxen and diclofenac, but has significantly fewer serious upper gastrointestinal ev
Publication Types:
Multicenter Study
Randomized Controlled Trial

PMID: 16490472 [PubMed - indexed for MEDLINE]

2: Am J Med. 2006 Mar;119(3):230-7.

Allergic rhinitis: treatment based on patient profiles.
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Allergic rhinitis is a common medical condition characterized by nasal, throat, and ocular itching; rhinorrhea; sneezing; nasal congestion; and, less frequently, cough. The treatment of allergic rhinitis should control these symptoms without adversely affecting daily activities or cognitive performance and should prevent sequelae such as asthma exacerbation or sinusitis. This review describes a stepwise approach to treatment of allergic rhinitis derived from a synthesis of clinical trial results, patient preferences, and real-world tolerability data. Key clinical considerations include frequency and intensity of symptoms, patient age, comorbidities, compliance with treatment regimens (influenced by formulation, route and frequency of administration), and effects on quality of life. Oral second-generation antihistamines, versus first-generation agents and inhaled corticosteroids, should be considered first-line treatment because they provide rapid relief of most allergic rhinitis symptoms without safety and tolerability issues. Additional therapeutic agents can then be added or substituted based on individual symptom response.

Publication Types:
Review

PMID: 16490466 [PubMed - indexed for MEDLINE]

3: Circulation. 2006 Feb 14;113(6):851-5. Epub 2006 Feb 6.
Comment in:
Circulation. 2006 Feb 14;113(6):771-3.
Circulation. 2006 Feb 14;113(6):774-5.
Percutaneous transvenous mitral annuloplasty: initial human experience with device implantation in the coronary sinus.
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BACKGROUND: Mitral annuloplasty is the most common surgical procedure performed
for ischemic mitral regurgitation (MR). Surgical mitral annuloplasty is limited by morbidity, mortality, and MR recurrence. We evaluated the safety and feasibility of a transvenous catheter-delivered implantable device to provide a percutaneous alternative to surgical mitral annuloplasty. METHODS AND RESULTS: Five patients with chronic ischemic MR underwent percutaneous transvenous implantation of an annuloplasty device in the coronary sinus. Implantation was successful in 4 patients. Baseline MR in the entire group was grade 3.0+/-0.7 and was reduced to grade 1.6+/-1.1 at the last postimplantation visit when the device was intact or the last postprocedural visit in the patient in whom the device was not successfully implanted. Separation of the bridge section of the device occurred in 3 of 4 implanted devices and was detected at 28 to 81 days after implantation. There were no postprocedural device-related complications. CONCLUSIONS: Percutaneous implantation of a device intended to remodel the mitral annulus is feasible. Initial experience suggests a possible favorable effect on MR. Percutaneous transvenous mitral annuloplasty warrants further evaluation as a less invasive alternative to surgical annuloplasty.

Publication Types:

4: MMWR Morb Mortal Wkly Rep. 2006 Feb 24;55(7):180-2.
Multistate outbreak of Salmonella typhimurium infections associated with eating ground beef--United States, 2004.
Centers for Disease Control and Prevention (CDC).
Salmonella infections cause an estimated 1.4 million human illnesses and 400 deaths annually in the United States. Although the incidence of several other foodborne bacterial infections decreased substantially during 1996-2004, the incidence of Salmonella infections declined modestly. In September 2004, the New Mexico Department of Health received reports from the New Mexico Scientific Laboratory Division of eight Salmonella enterica serotype Typhimurium isolates that had indistinguishable pulsed-field gel electrophoresis (PFGE) patterns using XbaI and BlnI restriction enzymes. The patients were from three New Mexico counties and had onsets of illness during August 18-29. A review of PFGE patterns submitted to the National Molecular Subtyping Network for Foodborne Disease Surveillance (PulseNet) database for Salmonella revealed 31 indistinguishable patient isolates of S. Typhimurium from nine states (Colorado, Kansas, Minnesota, New Jersey, New Mexico, New York, Ohio, Tennessee, and Wisconsin) and the District of Columbia, with illness onset occurring during August 11-October 2, 2004. The S. Typhimurium isolates were susceptible to all antimicrobial agents tested. An investigation conducted by state health departments, CDC, and the U.S. Department of Agriculture Food Safety and Inspection Service (FSIS) identified ground beef purchased at a national chain of supermarkets as the source of S. Typhimurium infections. Traceback results indicated product originating from a common supplier; however, evaluators determined that plant practices conformed to FSIS production guidelines, and no product recalls were made. This report describes the investigation and underscores the risk for salmonellosis from contact with contaminated ground beef, despite regulatory directives to reduce Salmonella contamination in beef production. Reduced contamination and consumption of raw or undercooked meat and
further education of the food service industry and consumers are critical to reducing foodborne salmonellosis.

PMID: 16498383 [PubMed - indexed for MEDLINE]

5: Mod Healthc. 2006 Feb 13;36(7):26.
Top hospitals even better: study.
Conn J.

Publication Types:
News

PMID: 16515063 [PubMed - indexed for MEDLINE]